		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL001128	B. WING		04/0	7/2015
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	<u>, </u>	
			HAGGARD	,		
ELON VI	LLAGE HOME	ELON, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	done by Bob Getcher Records indicate his since 1963. The fact residents. Therefor 1971 and the applic Rules for the Licens and, the 1967 North Institutional Occupa- Deficiencies were no of correction.	s facility has been licensed cility is currently licensed for 12 re the facility must meet the cable portions of the 2005 sing of Adult Care Homes, a Carolina State Building Code ancy.				
C 150	SECTION .0300 - F 10A NCAC 13F .030 ENVIRONMENT (g) The requiremer (4) Corridors shall other obstructions. This Rule is not me 1. Based on observas not maintained doors in the path of This would effect al egress in an emerg Findings include:	nts for corridors are: be free of all equipment and et as evidenced by: vation, egress from all areas in a safe manner by having egress that could be locked. I residents by not allowing free ency. door to the front Living Room	C 150			
C 153	Exit Door Locks-Sir SECTION .0300 - F 10A NCAC 13F .030	PHYSICAL PLANT	C 153			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL001128	B. WING		04/0	7/2015
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
ELON VI	LLAGE HOME	715 EAST ELON, NO	HAGGARD	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 153	exits are: (3) All exit door local a single hand motion without keys; and This Rule is not mean and the man and maintained doors that have hand with a single motion residents by not all demergency. Findings include:	hts for outside entrances and laks shall be easily operable, by on, from the inside at all times et as evidenced by: vation, egress from all areas in a safe manner by having rdware that can not be opend in. This would effect all owing free egress in an an area or on the opending recovery or or other than the opending free egress in an area or on the opending free egress in an or other than the opending free egress in an or other than the opending free egress in an or other than the open in the	C 153			
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on obser housekeeping was manner. This woul	o6 HOUSEKEEPING AND es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by:	C 166			

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL001128	B. WING		04/0	7/2015
<u> </u>				STATE, ZIP CODE	•	
ELON VI	LLAGE HOME	715 EAST ELON, NO	HAGGARD 27244	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
		eiling in the open bathroom overed with mold. Treat the the hazard.				
C 183	Fire Extinguishers		C 183			
	(a) At least one five A-B-C type fire extii 2,500 square feet of (b) One five pound	08 FIRE EXTINGUISHERS e pound or larger (net charge) nguisher is required for each of floor area or fraction thereof. or larger (net charge) A-B-C uired in the kitchen and, where				
	protection equipme safe manner. This not functioning prop Findings include:	vation, the building fire nt was not maintained in a would effect all residents by perly in an emergency.				
		sher tags indicate that monthly being performed per NFPA				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		HAL001128	B. WING		04/0	7/2015	
		DRESS, CITY, S	STATE, ZIP CODE	-			
ELON VI	LLAGE HOME		HAGGARD	AVENUE			
		ELON, NC					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 3	C 189				
	This Rule is not me 1. Based on observlighting was not ma This would effect al illumination for residual building. Findings include: a. The corridor emaillowing residents to outlets. This would potentially overload bedrooms. Findings include: Expansion devices locations: a) first bedroom on left, 3. Based on observations as after fire-resistance residents.						
	smoke and fire in the compartment of original Findings include:						
	penetrations. Thes not in conformance through penetration	e unprotected openings are with the requirement to use a fire stop system that has ordance with ASTM E-814.					

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